

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591751-

FILING DATE

10 MAY 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10	/		/			
11		1		1		
12		1		1		
13		2		2		
14		2		2		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	20	←	30	←		←
TOTAL CLAIMS	22		32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						